UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

1161440

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2002
Estimated average burden
hours per response... 16.00

SEC USE ONLY						
Prefix		Serial				
DAT	E RECEIV	/ED				

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is SERIES A PREFERRED STOCK OF				changed	, and indi	cate chan	ge.)		
Filing Under (Check box(es) that app	y): [] Rule 504	[]	Rule 505	[X]R	ule 506	[] Section	on 4(6)	[]ULOE
Type of Filing: [] New Filing [X] Amendment								
	Α	. BASIC I	DENT	IFICATION	ON DAT	A	BF	GEIVED	
Enter the information requested about th	e issuer					//		- 050	
Name of Issuer [] (check if this is an an DRY ICE HOLDING CORP.	nendment and na	ame has chang	ed, and i	ndicate cha	nge.)		TOPK DAK	% (§ ∠UU	
Address of Executive Offices (Numbe 20 WORTHINGTON ACCESS DRIVE	r and Street, City					uding Area C (3	ode) 77 14) 878-443	164/4	Y
Address of Principal Business Operations (if different from Executive Offices)	(Number and St	reet, City, State	e, Zip Co	de) Telep	hone Numbe	er (Including	Area Code)		
Brief Description of Business RETAIL SALES									PROCESSE
Type of Business Organization									MAY U 8 2002
[X] corporation	[] limite	d partnership	o, alread	dy formed		[] of	her (please	specify):	THOMSON
[] business trust	[] limite	d partnership	o, to be	formed		<othe< td=""><td>R></td><td></td><td>FINANCIAL</td></othe<>	R>		FINANCIAL
	······································			Month	Year				
Actual or Estimated Date of Incorpora Jurisdiction of Incorporation or Organ	ization: (Enter		S. Post			on for State] Actual [:] Estimated	I

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee. There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [X] Executive Officer	[X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) THOMAS, STEVEN R.	
Business or Residence Address (Number and Street, City, State, Zip Code) 20 WORTHINGTON ACCESS DRIVE, MARYLAND HEIGHTS, MISSOURI 63043	(314) 878-4434
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [X] Executive Officer	[X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) OEHLER, JOHN C.	
Business or Residence Address (Number and Street, City, State, Zip Code) 20 WORTHINGTON ACCESS DRIVE, MARYLAND HEIGHTS, MISSOURI 63043	(314) 878-4434
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [X] Executive Officer	[X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) BRADSHAW, RICHARD E.	
Business or Residence Address (Number and Street, City, State, Zip Code) 20 WORTHINGTON ACCESS DRIVE, MARYLAND HEIGHTS, MISSOURI 63043	(314) 878-4434
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer	[X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) GOLDBERG, JOSHUA R.	
Business or Residence Address (Number and Street, City, State, Zip Code) 535 MADISON AVENUE, NEW YORK, NEW YORK 10022	(212) 593-9000
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer	[X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) HARRISON, EDWARD R.	
Business or Residence Address (Number and Street, City, State, Zip Code) 535 MADISON AVENUE, NEW YORK, NEW YORK 10022	(212) 593-9000
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer	[X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) TREUILLE, ANTOINE	
Business or Residence Address (Number and Street, City, State, Zip Code) 535 MADISON AVENUE, NEW YORK, NEW YORK 10022	(212) 593-9000

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Business or Residence Address (Number and Street, City, State, Zip Co 535 MADISON AVENUE, NEW YORK, NEW YORK 10022	ode) (212) 593-9000
Full Name (Last name first, if individual) MERCANTILE CAPITAL PARTNERS FUND, L.P.	
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner	[] Executive Officer [] Director [] General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Co 535 MADISON AVENUE, NEW YORK, NEW YORK 10022	ode) (212) 593-9000
Full Name (Last name first, if individual) HARRISON, GILBERT	
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [Executive Officer [X] Director [] General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

SEC FILING - FORM D

					B. INFO	RMATIO	N ABOU	T OFFE	RING				
1. Has	the issuer	sold, or do	es the iss			non-accred						Yes No	
											-	\$2,500,000	_
3. Does	s the offeri	ng permit j	oint owner	ship of a s	ingle unit?						•••••	Yes No	
4. Ente commis a perso or state	er the infor ssion or si on to be lis es, list the	mation req milar remu sted is an a name of th	uested for ineration for associated ne broker of	each persor solicitat person or or dealer. I	son who ha ion of puro agent of a If more tha	as been or hasers in c a broker or n five (5) pe at broker o	will be paid onnection of dealer reginersons to b	l or given, with sales stered with e listed are	directly or i of securitie the SEC a	ndirectly, s in the o and/or wit	any ffering. If h a state		
Full Na	ıme (Lastı	name first,	if individu	al)									
Busine	ss or Resi	dence Add	dress (Nun	nber and S	Street, City	, State, Zip	Code)	***************************************	······				***************************************
Name o	of Associa	ited Broker	or Dealer										
						Solicit Purc				[] All	States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
***************************************		ted Broker			Street, City	, State, Zip	Code)	 					
States	in Which F	Person Lis	ted Has So	olicited or	Intends to	Solicit Purc	chasers				***		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[OM]	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[XT]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
************		name first,	***************************************			•							
Busine	ss or Resi	dence Ado	lress (Nun	nber and S	Street, City	, State, Zip	Code)				····		
**************************************		***************************************	***************************************				,						
Name o	of Associa	ted Broker	or Dealer										
						Solicit Purc				[]	All States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]		[DE]	[DC]		[] [,]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]		[MN]	[MS]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]		[NC]	[ND]	[OH]		[OR]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. **Amount Already** Aggregate Offering Sold Type of Security Price -0-Debt -0-\$5,000,000 [X] Preferred [] Common Convertible Securities (including warrants) -0-Partnership Interests -0-Other (Specify_____)..... -0--0-\$5,000,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number of Aggregate Dollar Amount Investors of Purchases Accredited Investors \$5,000,000 -0-Non-accredited Investors ______0 N/A Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. **Dollar Amount** Type of Type of offering Security Sold Rule 505 Regulation A Rule 504 Total_____ 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees [] _____ Printing and Engraving Costs [] ____ Engineering Fees [] ____

Other Expenses (identify) Miscellaneous Fee & Fir	nancing Fee	[X]	65,000 200,000
Total		[X]	\$518,000
 b. Enter the difference between the aggregate offering p Question 1 and total expenses furnished in response to the "adjusted gross proceeds to the issuer." 	orice given in response to Part C - Part C - Question 4.a. This differe	nce is	\$4,482,000
5. Indicate below the amount of the adjusted gross proc to be used for each of the purposes shown. If the amou furnish an estimate and check the box to the left of the e listed must equal the adjusted gross proceeds to the iss Question 4.b above.	nt for any purpose is not known, estimate. The total of the payments	S	
Question 4.0 above.		Payments to Officers,	
		Directors, & Affiliates	Payments To Others
Salaries and fees		[] -0-	[] -0-
Purchase of real estate		[]	[]
Purchase, rental or leasing and installation of mach and equipment		[]0-	[]
Construction or leasing of plant buildings and facilit	ties	[] -0-	-0-
Acquisition of other businesses (including the value securities involved in this offering that may be use exchange for the assets or securities of another is	ed in	[]	[]
pursuant to a merger)		-0-	-0-
Repayment of indebtedness		[]	[]
Working capital		[]	[X] \$4,482,000_
Other (specify):		[]	[] 0-
		[]	[] -0-
Column Totals		-0-	[X] \$4,482,000
Total Payments Listed (column totals added)		[X] \$4	,482,000
D. FEI	DERAL SIGNATURE		
The issuer has duly caused this notice to be signed by t 505, the following signature constitutes an undertaking to commission, upon written request of its staff, the informorargraph (b)(2) of Rule 502.	by the issuer to furnish to the U.S.	Securities and	Exchange
	Signature		Date
ssuer (Print or Type)			1 1
Ssuer (Print or Type) DRY ICE HOLDING CORP.	Mu		4-24-0-
	Title of Signer (Print or 1	Гуре)	4-24-02

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E.	ST	Δ.	ΓF	SI	GN	ΙΔΊ	FI J	RF
	•	_	_	\sim	U 11	_		

- 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such Yes No
 - See Appendix, Column 5, for state response.
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
DRY ICE HOLDING CORP.	Alle	4-24-02
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
STEVEN R. THOMAS	PRESIDENT/CHIEF EXECUTIVE	OFFICER

APPENDIX

1	2		3 Type of security	-		4		5 Disqualification under State ULOE		
	Intend to to non-acc investors i (Part B-li	redited in State	and aggregate offering price offered in state (Part C-Item 1)	ar	nount pui	investor and rchased in State C-Item 2)	:	(if yes, attach explanation of waiver granted) (Part E-Item 1)		
				Number of Accredited		Number of Non-Accredited				
State	Yes	No .		Investors	Amount	Investors	Amount	Yes	No	
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AK										
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